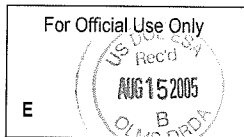


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
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| 1. File Number U - <u>5967</u> | 2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u> |
| 3. Name and address of person filing. Name <u>Joe</u> <u>L</u> <u>Standley</u> P.O. Box, Bldg., Room No., if any Street <u>9010 W. Lawrence Ln.</u> City <u>Tolleson</u> State <u>Arizona</u> ZIP Code + 4 <u>85353-2410</u> | 4. Name, file number, and address of labor organization. Name <u>IRON WORKERS AFL-CIO</u> Labor Organization File Number <u>000-052</u> P.O. Box, Building and Room Number, if any Street <u>1750 New York Avenue, N.W.</u> City <u>Washington</u> State <u>District of Columbia</u> ZIP Code + 4 <u>20006</u> |
| 5. Position in labor organization. <u>General Organizer</u> | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
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| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Joe Standley On 8/4/2005 623 936-3393
Date Telephone Number

| | |
|---|-----------------------|
| Name of Person Filing Joe Standley | File Number U- |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name Iron Workers Employees' Benefit Corporation</p> <p>Trade Name, if any: I.E.B.C.</p> <p>P.O. Box, Bldg., Room No., if any Suite 330</p> <p>Street 131 North Molino Avenue</p> <p>City Pasadena</p> <p>State California ZIP Code + 4 91101-1878</p> | <p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name California Field Iron Workers Trust Funds</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street 131 North Molino Avenue</p> <p>City Pasadena</p> <p>State California ZIP Code + 4 91101-1878</p> | <p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>IEBC is a non-profit corp. created by the trustees to administer the Ca. Field Iron Workers Trust Funds. The IEBC received \$10,816,258 from Trust Funds to pay administrative expenses, of which \$4,702,543 was paid to other entities for services rendered.</p> </div> <p>11.b. Approximate dollar value of such dealing. \$10,816,258</p> <p>12.a. Nature of interest held or income received.</p> <div style="border: 1px solid black; padding: 5px; min-height: 100px;"> <p>I.E.B.C. paid direct expenses to the SILVERADO Hotel in Napa, California for Joe Standley, a trustee, incurred while attending a Trust board meeting in May 2004.</p> </div> <p>12.b. Amount. \$1,309</p> |

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

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| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p> | <p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> |
| <p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p> | <p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> |